

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048597

Registration District No. 382

Primary Registration District No. 5655

Registrar's No. 3163

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 6 1964

1. PLACE OF DEATH

a. COUNTY

Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Mt. Vernon

Length of stay in 1b
5 mos.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Bliss Haven Nursing Home

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

Lawrence

c. CITY
OR TOWN

Mt. Vernon

Inside Limits
Yes ☒ No ☒

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

Lucy

Middle

Last

Seamons

4. DATE
OF DEATH

Month

12

Day

30

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10/14/1879

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Lawrence Co., Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Wm. V. Jeffords

13b. MOTHER'S MAIDEN NAME

Mary Jane White

14. NAME OF HUSBAND OR WIFE

John Seamons

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Bessie Couplin, Mt. Vernon, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

1 da

DUE TO (b)

Hypertension

20 yrs

DUE TO (c)

Ch Myocarditis + Nephritis

20 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

11:45 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

1/2/64

23c. NAME OF CEMETERY OR CREMATORY

Summit Church Cemetery

23d. LOCATION (City, town, or county)

Mt. Vernon, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Max L. Fossett

Mt. Vernon, Mo.

25. DATE RECD. BY LOCAL REG.

12-31-63

26. REGISTRAR'S SIGNATURE

Ray Grantham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10550

20550

3

4 1

5 2

6

7 0

8 2

9443X

10

11

1286-0

135-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed May L. Fossett

Licensed Embalmer No. 4252

P. O. Address W. W. Verner, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

0220
0220

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0-88